Bureau of Health Care Quality and Compliance					5/14/10 accupte	PRINTED FORM J. J. L. W.W.	PRINTED: 04/28/2010 FORM APPROVED LUNGH HF-SI	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS597S				(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION G	COMPLI	(X3) DATE SURVEY COMPLETED 04/15/2010	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	9.0		
COLLEG	E PARK REHABILITA	ATION CENTER		HEYENNE A AS VEGAS,				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Z 000	Initial Comments			Z 000				
	a result of complain	Deficiencies was ger nt investigation cond 5/2010, in accordanc	ucted in	-11-2-2				
	Nevada Administra Facilities for Skilled	tive Code, Chapter 4 I Nursing.	149,		N. Werterstrike (M. 11)			
		24539 was substan (See Tags Z310 and		a				
N 11	The POC must rela and prevent such of	on (POC) must be suitate to the care of all poccurrences in the futer dates and the med	oatients ture. The			Th:		
2-	established to assube included.	ure ongoing compliar	nce must		<i>3</i> - • •			
	on-going compliant requirements.	ay be imposed to ence with regulatory	sure	20			<u> </u>	
e: 9:	by the Health Divis prohibiting any crin actions or other cla	onclusions of any invion shall not be cons ninal or civil investiga nims for relief that ma rty under applicable	trued as ations, ay be	78 		3 = 3		
7040	state or local laws.			Z310				
SS=D	Condition	ed nursing shall imm		2010	Z310 Notification of condition	change in		
a 3	notify a patient, the or an interested me known, and, if approphysician, when: (a) The patient has	ed nuising shall lithing patient's legal represember of the patient's ropriate, the patient's been injured in an apatent from a phys	sentative s family, if accident		The facility will notify designee when any poor of condition.			

STATE FORM

(b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical

D8H811

if continuation sheet 1 of 2

RECEIVED MAY 0 7 2010

Tag REGULATORY OR LSC IDENTIFYING INFORMATION) Tag CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Z310 Continued From page 1 complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the family of a change in condition, transfer to an acute care facility, and subsequent death for Resident #1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. • All staff will be re-educated to notification of families/ designee. This education will cover when to call, whom to call with regards to patient confidentiality. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? • IDT will meet daily to go through the 24 hour report.	Bureau	of Health Care Qual	ity and Compliance				I OKWI I	AFFROVE
NAME OF PROVIDER OR SUPPLIER COLLEGE PARK REHABILITATION CENTER (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Z310 Continued From page 1 complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the family of a change in condition, transfer to an acute care facility, and subsequent death for Resident #1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. • All staff will be re-educated to notification of families/ designee. This education will cover when to call, whom to call with regards to patient confidentiality. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? • IDT will meet daily to go through the 24 hour report.					A. BUILDING			
COLLEGE PARK REHABILITATION CENTER 2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030 SUMMARY STATEMENT OF DEFICIENCIES. REGULATORY OR LSC IDENTIFYING INFORMATION) 2310 Continued From page 1 complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the family of a change in condition, transfer to an acute care facility, and subsequent death for Resident #1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. • All staff will be re-educated to notification of families/ designee. This education will cover when to call, whom to call with regards to patient confidentiality. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? • IDT will meet daily to go through the 24 hour report.			NVS597S		D. VVIIVO		04/1	5/2010
XXAJID STANK REHABILITATION CENTER XXAJID (SAMMARY STATEMENT OF DEFICIENCIES TAG) XXAJID (SAMMARY STATEMENT OF DEFICIENCIES (SAMMARY STATEMENT OF DEFICIENCIES) YEAR (SECULATORY OR LSC IDENTIFYING INFORMATION) XXAJID (SECOND THE APPROPRIATE DEFICIENCY) XXAJID (SECOND THE APPROPRIATE DATE) ACCOMPLIANT TAG XXAJID (SECOND THE APPROPRIATE DATE) YEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE AND CROSS-REFERENCE TO THE APPROPRIATE DATE AND CROSS-REFERENCED TO THE APPROPRIATE DATE AND CROSS-REFERENCE TO THE APPROPRIATE AND CROSS-REFERENCE TO THE APPROPRIATE AND CROSS-REFERENCE	NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
Z310 Continued From page 1 complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the family of a change in condition, transfer to an acute care facility, and subsequent death for Resident #1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be accomplished for those residents found to have been affected by the deficient practice. • All staff will be re-educated to notification of families/ designee. This education will be accompliant to residents found to have been affected by the deficient practice. • All staff	COLLEG	GE PARK REHABILITA	ATION CENTER					
complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the family of a change in condition, transfer to an acute care facility, and subsequent death for Resident #1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #1 is deceased How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. All staff will be re-educated to notification of families/ designee. This education will cover when to call, whom to call with regards to patient confidentiality. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? IDT will meet daily to go through the 24 hour report.	PREFIX	(EACH DEFICIENC	/ MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE	COMPLETE
who is calling the families when a change of condition, or any other care plan change occurs. All staff will be re-educated to the use of the 24 hour report.	Z310	complications or is (c) There is a need treatment of the pa consequences cau commence a new t (d) The patient will from the facility; (e) The patient will or assigned a new (f) There is any cha affects the rights of This Regulation is Based on interview failed to notify the f transfer to an acute	threatening the patil to discontinue the obtient because of advised by that treatment; be transferred or discommate; or large in federal or stiff the patient. The patient of the patient	current verse nt or to scharged ther room ate law that ed by: the facility n condition,	Z310	accomplished for those resider found to have been affected by deficient practice. • Resident #1 is deceased. How will you identify other reshaving the potential to be affected the same deficient practice, and corrective action will be takent. • All staff will be re-edited to notification of family designee. This educated will cover when to call with restory to patient confidential. What measures will be put into or what systemic changes will make to ensure that the deficit practice does not recur? • IDT will meet daily to through the 24 hour. This meeting will be who is calling the family occurs. All staff will re-educated to the use of the sure educated to the sure educ	nts the the the sidents cted by d what lucated nilies/ tion ell, gards ality. o place you ent to go report. ck up milies ndition, an change be	

if deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

D8H811

if continuation sheet 2 of



Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION COMPLETED A. BUILDING B. WING 04/15/2010 NVS597S NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2856 E. CHEYENNE AVE. **COLLEGE PARK REHABILITATION CENTER** NORTH LAS VEGAS, NV 89030 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z310 Z310 Continued From page 1 How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur; i.e.; what programs will be put into place to monitor the continued effectiveness of the systemic change? Telephone orders for the past 24 hours will also be checked this meeting looking for possible family notification needs. Admin/DON will follow up 24 hours later in the next IDT to assure that the call was made and documented and family is aware of current care plan. Monitored by DON/Administrator Completion Date: 5/14/2010

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

D8H811

RECEIVED

MAY 0 7 2010

PRINTED: 04/28/2010 FORM APPROVED

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS597S 04/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2856 E. CHEYENNE AVE. **COLLEGE PARK REHABILITATION CENTER** NORTH LAS VEGAS, NV 89030 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE m (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z311 Notification of change of condition The facility will maintain records in such a manner that the most updated information Z311 Z311 NAC449.74493 Notification of Changes or is available for family SS=D Condition notification 2. A facility for skilled nursing shall maintain in its records and periodically revise the address and What corrective action will telephone number of a patient's legal be accomplished for those representative and interested members of the that have been affected by patient's family. this deficient practice. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to maintain the record with the contact information of family members or legal Resident #1 is deceased representatives for Resident #1. As a result the family was not notified of the change in condition and death of Resident #1. How will you identify others who may have been affected Severity: 2 Scope: 1 by this deficient practice? Same as Z311 above

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

-17 TO 10

STATE FORM

7

D8H811

If continuation sheet 2 of 2



Bureau	of Health Care Quali	ty and Compliance						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER						(X3) DATE SURVEY COMPLETED		
		NVS5978	T commerce An	DDECC CITY	STATE TIP CODE	04/18	5/2010	
2856 E				ADDRESS, CITY, STATE, ZIP CODE E. CHEYENNE AVE. H LAS VEGAS, NV 89030				
(X4) ID PREFIX TAG	SULMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION) DEFICIENCY)			HOULD BE	(X5) COMPLETE DATE			
Z311 SS=D	Continuation	on of Z311		Z311	How will the facility monitor corrective action to ensure the deficient practice is being contained will not recur? On admissions, the will assure there is a number for every resif applicable. At least quarterly, the will update every resifie to assure phone and addresses are completed. What measures will be put in monitor the continued effect systemic change to assure the practice does not recur? Medical Records/B. Office will pull files face sheet and finant for addresses and pumbers per rando Audits will be completed within 48 hours of and monthly for the and quarterly there. Monitored by: Medical Records/B. Monitored by: Medical Records/B. Completion Date: 5/14/20	at the rrected facility a contact esident the facility esidents' numbers correct. ato place to iveness of is deficient usiness to match acial files ahone om audits. pleted admission, ree months, eafter. cords empliance		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. 4199

STATE FORM

D8H811

If continuation sheet 2 of 2

